

**State of Delaware
Group Health Insurance Program
New Rates Effective July 1, 2014**

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
Highmark Delaware First State Basic Plan			
Employee	\$549.44	\$527.44	\$22.00
Employee & Spouse	\$1,136.80	\$1,091.34	\$45.46
Employee & Child(ren)	\$835.22	\$801.82	\$33.40
Family	\$1,421.04	\$1,364.22	\$56.82
Aetna CDH Gold			
Employee	\$568.66	\$540.24	\$28.42
Employee & Spouse	\$1,179.10	\$1,120.16	\$58.94
Employee & Child(ren)	\$868.84	\$825.40	\$43.44
Family	\$1,497.94	\$1,423.04	\$74.90
Highmark Delaware CDH Gold			
Employee	\$568.66	\$540.24	\$28.42
Employee & Spouse	\$1,179.10	\$1,120.16	\$58.94
Employee & Child(ren)	\$868.84	\$825.40	\$43.44
Family	\$1,497.94	\$1,423.04	\$74.90
Aetna HMO			
Employee	\$573.62	\$536.34	\$37.28
Employee & Spouse	\$1,209.40	\$1,130.78	\$78.62
Employee & Child(ren)	\$877.50	\$820.46	\$57.04
Family	\$1,509.08	\$1,411.00	\$98.08
Highmark Delaware HMO/IPA			
Employee	\$574.08	\$536.78	\$37.30
Employee & Spouse	\$1,213.24	\$1,134.38	\$78.86
Employee & Child(ren)	\$878.38	\$821.28	\$57.10
Family	\$1,513.70	\$1,415.30	\$98.40
Highmark Delaware Comprehensive PPO Plan			
Employee	\$627.28	\$544.18	\$83.10
Employee & Spouse	\$1,301.66	\$1,129.20	\$172.46
Employee & Child(ren)	\$966.74	\$838.66	\$128.08
Family	\$1,627.26	\$1,411.66	\$215.60
Highmark Delaware Medicare Supplement for Pensioners Retired On or Prior to July 1, 2012			
Special Medicfill with Prescription	\$361.78	\$361.78	\$0.00
Special Medicfill without Prescription*	\$205.06	\$205.06	\$0.00
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small>			
Highmark Delaware Medicare Supplement for Pensioners Retired After July 1, 2012			
Special Medicfill with Prescription	\$361.78	\$343.70	\$18.08
Special Medicfill without Prescription*	\$205.06	\$194.82	\$10.24
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small>			
Dominion Dental HMO			
Employee	\$23.80	\$0.00	\$23.80
Employee & Spouse	\$44.24	\$0.00	\$44.24
Employee & Child(ren)	\$47.68	\$0.00	\$47.68
Family	\$64.74	\$0.00	\$64.74
Delta Dental PPO plus Premier			
Employee	\$34.24	\$0.00	\$34.24
Employee & Spouse	\$69.90	\$0.00	\$69.90
Employee & Child(ren)	\$68.62	\$0.00	\$68.62
Family	\$114.52	\$0.00	\$114.52
EyeMed Vision Plan			
Employee	\$6.30	\$0.00	\$6.30
Employee & Spouse	\$9.94	\$0.00	\$9.94
Employee & Child(ren)	\$10.14	\$0.00	\$10.14
Family	\$16.36	\$0.00	\$16.36